
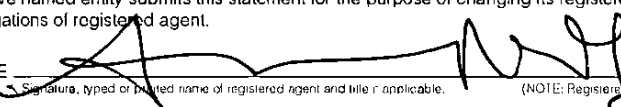
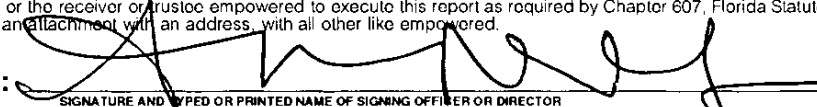


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 009 ***150.00

DOCUMENT # P98000019676					
1. Entity Name ARTHRITIS & REHAB CENTER OF JACKSONVILLE, INC.					
Principal Place of Business 4131 UNIVERSITY BLVD S BLDG 3 JACKSONVILLE FL 32216			Mailing Address PO BOX 55040 JACKSONVILLE FL 32216		
2. Principal Place of Business - No P.O. Box # 6518 CHRISTOPHER POINT ROAD W		3. Mailing Address PO BOX 55040			
Suite, Apt. #, etc. 8		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE		4. FEI Number 59-3495410	
Zip 32217 Country USA		Zip 32216 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REDDY, A N 4131 UNIVERSITY BLVD S BLDG 3 JACKSONVILLE FL 32216			7. Name and Address of New Registered Agent Name: AKAVARAM N. REDDY Street Address (P.O. Box Number is Not Acceptable): 6518 CHRISTOPHER POINT ROAD WEST City: JACKSONVILLE FL Zip Code: 32217		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/26/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P REDDY, A N 4131 UNIVERSITY BLVD S, BLDG 3 JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AKAVARAM N. REDDY 6518 CHRISTOPHER POINT ROAD WEST JACKSONVILLE, FL. 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/26/07 Daytime Phone #: 904 472 8730		